

Topic	Presentation	Condition (including but not exclusively)
Blood and lymph	Abnormal blood film	Including haematological malignancies and myeloproliferative disorders
Blood and lymph	Bruising/ bleeding/ purpura	Any cause
Blood and lymph	Generalised enlarged lymph nodes	Any cause
Blood and lymph	Pallor	Anaemia of any cause
Breast	Breast lump and/or pain	Any cause
Cardiovascular	Chest pain	Acute myocardial infarction, acute coronary syndrome and angina
Cardiovascular	Fatigue	Chronic heart failure
Cardiovascular	Heart murmur	Any cause
Cardiovascular	Hypertension	Including risk factors
Cardiovascular	Palpitations	Arrhythmias of any cause
Cardiovascular	Peripheral arterial disease	Including aneurysms, ischaemic limb and occlusions
Cardiovascular	Peripheral oedema, breathlessness	Heart failure including valvular heart disorder and rheumatic heart disease
Cardiovascular	Peripheral venous problems	VTE/ DVT including risk factors and varicose veins
Child health	Congenital abnormalities	Including heart, neural tube and musculoskeletal
Child health	Developmental problems	Physical
Child health	Developmental problems	Psychological and social
Child health	Failure to thrive	Physical
Child health	Failure to thrive	Psychological and social
Digestive	Abdominal mass	Including organomegaly, hernias and ascites
Digestive	Abdominal pain	Including acute abdomen any cause
Digestive	Anorexia and weight loss	Any cause
Digestive	Facial pain and swelling	Including oral disease and toothache
Digestive	Jaundice	Including biliary tract problems
Digestive	Lower GI symptoms	Including faecal incontinence

Topic	Presentation	Condition (including but not exclusively)
Digestive	Upper GI symptoms	Including nausea and vomiting
Digestive	Nutrition	Including over- and under-nutrition
Endocrine	Abnormal blood sugar	Diabetes mellitus
Endocrine	General endocrine disorder	Including pituitary, adrenal
Endocrine	Thyroid abnormalities	Hyper/hypothyroidism and goitre
ENT	Earache	Any cause
ENT	Hearing problems	Any cause
ENT	Hoarseness and/or stridor	Any cause
ENT	Nasal symptoms	Including rhinorrhoea and epistaxis
ENT	Vertigo	Any cause
Ethical and professional	Drawing from GMC explanatory guidance	Including Good medical practice (2013) References
Ethical and professional	Drawing from Good medical practice (2013). Duties of a doctor	Including Good medical practice (2013) Introduction. Professionalism in action
Eye	Eye pain	Any cause
Eye	Orbital swelling	Any cause including eyelid disorders
Eye	Red eye	Including infections, inflammatory and trauma
Eye	Visual impairment	Gradual or sudden, including cataracts
Genitourinary	Urethral discharge	Any cause
Genitourinary	Vaginal discharge	Any cause
Homeostatic	Acid-base imbalance and blood gas abnormalities	pH abnormalities: metabolic and respiratory acidosis or alkalosis
Homeostatic	Electrolyte abnormalities	Any cause including excessive thirst and dehydration
Infectious disease	Hospital acquired infection	Including infection control, MRSA, C diff
Infectious disease	Hospital acquired infection	Managing diarrhoea outbreak on ward
Infectious disease	Serious infection	Including HIV, AIDS, Hepatitis B and TB
Infectious disease	Travel medicine and tropical infections	Any cause

Topic	Presentation	Condition (including but not exclusively)
Infectious disease	Viral infections	Any cause
Mental health	Alcohol and drug misuse and dependence	Including co-morbidity and withdrawal
Mental health	Anxiety	Including generalised anxiety disorder, phobias and OCD
Mental health	Deliberate self-harm	Overdose, poisoning and other self-harm
Mental health	Eating problems	Anorexia nervosa and bulimia nervosa
Mental health	Learning and communication problems	Any cause
Mental health	Medically unexplained physical symptoms	Including psychosomatic disorders, somatisation disorders
Mental health	Mood (affective) problems	Any cause
Mental health	Confusion	Delirium, dementia, encephalopathy
Mental health	Personality and behavioural disorders	Including habit disorders and personality disorder
Mental health	Psychosis	Schizophrenia and other psychotic disorders
Mental health	Legal frameworks	Mental health act, mental capacity act, DOLS
Musculoskeletal	Back and neck problems	Any cause
Musculoskeletal	Connective tissue disorders	Any cause
Musculoskeletal	Foot and ankle problems	Any cause
Musculoskeletal	Hand and wrist problems	Any cause
Musculoskeletal	Hip problems	Any cause
Musculoskeletal	Knee problems	Any cause
Musculoskeletal	Rheumatological problems	All causes including joint pain of any cause
Musculoskeletal	Shoulder/upper limb problems	Any cause
Musculoskeletal	Skeletal problems including fractures	Any cause
Neurological	Blackouts and faints (funny turns)	Loss of consciousness of any cause
Neurological	Cranial nerve problems	Any cause including visual field defects
Neurological	Falls	Any cause including environmental

Topic	Presentation	Condition (including but not exclusively)
Neurological	Headache	Any cause including raised intracranial pressure
Neurological	Movement disorders including tremor and gait problems	Abnormalities of the motor nervous system
Neurological	Peripheral nerve problems and abnormalities of sensation	Including neuropathies of any cause
Neurological	Seizures	Including epilepsy and convulsions
Neurological	Speech and language disorder	Any cause
Neurological	Weakness and fatigue	TIA, stroke, cerebral palsy, muscular dystrophy, nerve entrapments
Older adults	Confusion	Delirium and dementia
Older adults	Symptoms of terminal illness	End of life care
Pharmacological	Clinical pharmacology	Antimicrobial stewardship
Pharmacological	Clinical pharmacology	Prescribing safety
Renal	Abnormalities of the urine	Including non-visible haematuria and proteinuria
Renal	Renal problems	Including chronic kidney disease
Renal	Urinary excretion	Oliguria and polyuria including renal failure; urate
Reproductive	Contraception	Any method
Reproductive	Fertility problems	Both male and female; including normal development in puberty
Reproductive	Normal pregnancy and care	Normal pregnancy, labour and puerperium; including prenatal diagnosis
Reproductive	Problems in pregnancy including bleeding	Problems in pregnancy, labour and puerperium
Reproductive	Irregular vaginal bleeding	Including abnormal menstrual bleeding
Reproductive	Cervical smear/ colposcopy	
Reproductive	Pelvic mass	Any cause
Reproductive	Pelvic pain	Any cause
Reproductive	Vulval and vaginal lumps/lesions	Any cause
Reproductive	Prolapse	
Reproductive	Urinary incontinence	

Topic	Presentation	Condition (including but not exclusively)
Respiratory	Breathlessness	Any infection, inflammation, including COPD, asthma, occupational lung disease, sleep apnoea and cyanosis
Respiratory	Chest pain	Including any pleuritic cause
Respiratory	Cough and haemoptysis	Any cause including pulmonary embolism, tumours and upper respiratory tract problems
Respiratory	Wheeze/ Stridor	Any cause
Seriously ill patient	Collapse	Any cause including anaphylaxis and coma
Seriously ill patient	Fever/ Infection	Including pyrexia of unknown origin, septicaemia, meningitis and neutropaenic sepsis
Seriously ill patient	Multiple trauma	Including head injury and intra-abdominal injury
Seriously ill patient	Shock	Any cause including blood loss
Skin	Bites and stings	Including infestations
Skin	Bullous	Any cause
Skin	Dermatological manifestations of systemic disease	Any cause
Skin	Extremes of temperature	Burns, frostbite, hyperthermia and hypothermia
Skin	Hair and nail problems	Any cause
Skin	Itchy and/or scaly rashes	Including eczema, dermatoses (psoriasis etc.) and reactions (drugs/food)
Skin	Infections	Including viral, bacterial and fungal infections
Skin	Lumps	Any cause
Skin	Moles and pigmented lesions	Any cause
Skin	Ulcers	Any cause
Urological	Groin/scrotal pain and/or swelling	Any cause
Urological	Urinary tract obstruction	Any cause
Urological	Abnormalities of the urine	Including visible haematuria and proteinuria
Urological	Urinary symptoms	Any cause including urinary tract infection
Urological	Urinary symptoms	Prostate cancer

Domain 1 - Knowledge, skills and performance

<u>Develop and maintain your professional performance (GMP para 7-13)</u>	<u>Apply knowledge and experience to practice (GMP para 14-18)</u>	<u>Record your work clearly, accurately and legibly (GMP para 19-21)</u>
<u>Targeted history-taking</u>	<u>Investigation: choice of appropriate tests</u>	<u>Keeping accurate, clear, legible and contemporaneous records including legal documents</u>
<u>Focussed examination</u>	<u>Investigation: interpretation of results</u>	
<u>Practical procedures</u>	<u>Diagnosis and clinical decision making</u>	
Scientific knowledge (including genetics, anatomy, physiology, pathology, biochemistry, social science) as related to clinical practice	<u>Acute including emergency, peri-operative, resuscitation and DNAR decisions</u>	
	<u>Long-term including the role of the multi disciplinary team</u>	
	<u>Symptom relief and end of life</u>	
	<u>Good practice in management including advice, prescribing, devices and adherence to guidelines</u>	
	<u>Health promotion including risk factors, public health and epidemiology</u>	
	<u>Finds and interprets evidence relating to clinical questions; appraises recent research; understands basic statistical concepts</u>	

Domain 2 - Safety and quality		
<u>Contribute to and comply with systems to protect patients (GMP para 22-23)</u>	<u>Respond to risks to safety (GMP para 24-27)</u>	<u>Protect patients and colleagues from any risk posed by your health (GMP para 28-30)</u>
<u>Patient safety, dignity and comfort</u>	<u>Safeguarding vulnerable adults or children and young people</u>	
<u>Quality assurance and safety improvement including adverse events, complaints and audit</u>	<u>Raising concerns about colleagues who may not be fit to practise and may be putting patients at risk</u>	
<u>Reviewing patient feedback where it is available</u>	<u>Offering help if emergencies arise in clinical settings or in the community</u>	

Domain 3 - Communication, partnership and teamwork

<u>Communicate effectively (GMP para 31-34)</u>	<u>Work collaboratively with colleagues to maintain or improve patient care (GMP para 35-38)</u>	<u>Teaching, training, supporting and assessing (GMP para 39-43)</u>	<u>Continuity and coordination of care (GMP para 44-45)</u>	<u>Establish and maintain partnerships with patients (GMP para 46-52)</u>
Communication with patients (consulting skills, advising, explaining)	Teamwork (including delegation and supervision)	Educating healthcare professionals and students	Teamwork (including handover, delegation and discharge planning)	Dealing with conflict
To adopt a person-centred approach in dealing with patients and their problems, in the context of patients' circumstances, and involving patients in management		Apply the skills, attitudes and practice of a teacher/trainer		Dealing with complaints
Consideration to those close to the patient		Supervision, mentoring and supporting		Conscientious objection
				Confidentiality

Domain 4 - Maintaining trust		
<u>Show respect for patients (GMP para 53-55)</u>	<u>Treat patients and colleagues fairly and without discrimination (GMP para 56-64)</u>	<u>Act with honesty and integrity (GMP para 65-80)</u>
<u>Ethical and legal issues</u>	<u>Ethical and legal issues</u>	<u>Ethical and legal issues</u>
<u>Confidentiality</u>		<u>Confidentiality</u>

Targeted history-taking/ Focussed examination

[For reference: Foundation Programme Curriculum 2012](#)

7.3 History and examination

Competences

- Takes a focused family history, and constructs and interprets a family tree, where relevant
- Takes an occupational history, where relevant
- Obtains collateral history, when available
- Routinely scrutinises existing patient records and other sources of evidence/information
- Asks for a chaperone, where appropriate
- Demonstrates accomplished and targeted examination skills and appropriate use of equipment, including an ophthalmoscope
- Explains and gains appropriate consent for the examination procedure
- Performs a mental state assessment
- Demonstrates awareness of safeguarding children (Levels 1 and 2) and vulnerable adults
- Demonstrates the ability to identify, refer and participate in both the medical assessment and care planning in cases where the interests of a child, vulnerable adult, including those with learning difficulties or a potential victim of abuse, need safeguarding
- Demonstrates an awareness of the potential for physical, psychological and sexual abuse of patients, and manages such cases in a similar way to safeguarding children and vulnerable adults.

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Investigation: choice of appropriate tests/ Investigation: interpretation of results
[For reference: Foundation Programme Curriculum 2012](#)

11. Investigations

Competences

- Explains to patients the risks, possible outcomes and implications of investigation results, gains informed consent and discusses test results when appropriate
- Recognises that requesting investigations, then interpreting and acting upon their results is a crucial element of modern medical practice
- Requests investigations appropriate for patients' needs in accordance with local and national guidance to optimise the use of resources
- Seeks out, records and relays results in a timely manner
- Plans/organises appropriate further investigations to aid diagnosis and/or inform the management plan
- Provides concise, accurate and relevant information and understands the diagnostic question when requesting investigations
- Understands what common tests (Table 1) and procedures entail, the diagnostic limitations and contraindications, in order to ensure correct and relevant referrals/requests
- Interprets the results correctly within the context of the particular patient/presentation e.g. plain radiography in a common acute condition
- Helps and directs colleagues to order and interpret appropriate tests and investigations
- Labels all pathology samples/tubes/requests correctly
- Knows how biological samples should be sent for histological examination, including the sample-specific quality issues that help the pathologist to make an accurate diagnosis
- Recognises that ionising radiation, magnetic fields and intravascular contrast can be harmful and is able to justify radiation exposure (see UK Ionising Radiation (Medical Exposure) Regulations 2000)
- Reviews imaging and pathology reports
- Prioritises importance of investigation results
- Knows when a post mortem should be requested and the relationship of this process to death certification and the work of the coroner/procurator fiscal
- Obtains consent for a post mortem examination.

Table 1. Commonly requested investigations

The following investigations are commonly requested or required during a hospital admission or as an outpatient or in general practice.

Laboratory tests

- Haematological
 - Full blood count
 - Coagulation studies
 - Inflammatory markers
- Biochemical
 - Urea and electrolytes
 - Blood glucose
 - Cardiac markers
 - Liver function tests

- Amylase
- Calcium and phosphate
- Lactate
- Arterial blood gases
- Pathological
 - Histopathological/cytopathological, microbiological sampling including blood cultures (obtained by correct aseptic technique), tissue (including biopsies and surgical specimens) and pus
 - Post mortem examination
- Bedside tests (tests performed in proximity to the patient)
 - 12 lead ECG
 - Tests of respiratory function: peak flow, spirometry
 - Urinalysis
- Imaging tests
 - Plain radiographs e.g. chest X-ray, abdominal X-ray
 - Trauma radiography
 - Cross sectional imaging e.g. ultrasound, CT and MRI

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Practical procedures

[For reference: Foundation Programme Curriculum 2012](#)

12. Procedures

Core procedures mandated by the GMC for F1

- Venepuncture
 - IV cannulation
 - Preparation and administration of IV medication and injections and fluids
 - Arterial puncture in an adult
 - Blood culture (peripheral)
 - IV infusion including the prescription of fluids
 - IV infusion of blood and blood products
 - Injection of local anaesthetic to skin
 - Subcutaneous injection
 - Intramuscular injection
 - Perform and interpret an ECG
 - Perform and interpret peak flow
 - Urethral catheterisation in adult females and males
 - Airway care including simple adjuncts*
- * Especially suited for simulated models/manikins

Competences

For each procedure foundation doctors should know the indications and contraindications and be able to:

- explain the procedure to patients (including possible complications) and gain valid informed consent, refer to Consent: patients and doctors making decisions together (2008)
- prepare the required equipment, including a sterile field
- position the patient and prescribe/administer premedication/sedation in certain patients, (e.g. for chest drain insertion) with referral to senior colleagues and/or the anaesthetist if required
- adequately prepare the skin where relevant, including giving local anaesthetic
- recognise, record and be able to undertake emergency management of common complications

Procedures

- safely dispose of equipment, including sharps
- document the procedure, including the labelling of samples and giving instructions for appropriate aftercare/monitoring
- under supervision perform procedures linked to a specialty attachment, when and if attached to that specialty, for example:
 - aspiration of pleural fluid or air in emergency or respiratory medicine
 - skin suturing in emergency medicine or surgery
 - fracture manipulation in orthopaedics and emergency medicine
 - insertion of a central venous catheter in critical care or similar environment
 - insertion of nasogastric tube
 - insertion of a speculum in gynaecology
 - bone marrow aspiration in haematology
 - lumbar puncture in medicine/neurology
- teach other healthcare workers and medical students the procedure when proficient

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Diagnosis and clinical decision making

[For reference: Foundation Programme Curriculum 2012](#)

7.4 Diagnosis and clinical decision making

Competences

- Works towards an appropriate differential diagnosis and establishes a problem list
- Takes account of probabilities in ranking differential diagnoses
- Constructs a management plan and communicates requests/instructions to other healthcare professionals
- Makes a judgement about prioritising actions on the basis of the differential diagnosis and clinical setting
- Initiates appropriate venous thromboembolic (VTE) prophylaxis according to local protocols
- Requests screening for any disorder which could put other patients or staff at risk by cross-contamination e.g. Methicillin-Resistant Staphylococcus Aureus (MRSA)
- Reviews, and where appropriate, adjusts differential diagnosis in the light of developing symptoms and response to therapeutic interventions.

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Acute including emergency, peri-operative, resuscitation and DNAR decisions

[For reference: Foundation Programme Curriculum 2012](#)

8. Recognition and management of the acutely ill patient

8.1 Promptly assesses the acutely ill, collapsed or unconscious patient

Competences are context-dependent and so will not necessarily be at the same level in all acute situations. For example, foundation doctors will not be expected to have the same level of competence to manage seriously ill children as that expected with adults. All foundation doctors should always work within their own level of competence and seek senior assistance and support when appropriate in a timely manner.

Competences

- Uses Airway, Breathing, Circulation, Disability, Exposure (ABCDE) approach to assessing the acutely unwell or collapsed patients
- Uses the GCS or Alert, Voice, Pain, Unresponsive (AVPU) to quantify conscious level
- Investigates and analyses abnormal physiological results in the context of the clinical scenario to elicit and treat cause
- Describes where to find normal age-related reference ranges for vital signs in infants and children where appropriate
- Recognises the importance of recording and noting changes in physiological score
- Recognises the prognostic significance of elements of physiological scores
- Uses monitoring (including blood glucose) to inform the clinical assessment
- Recognises importance and implications of clinical early warning scores
- Asks patients and staff appropriate questions to prioritise care
- Prioritises tasks according to clinical urgency and reviews patients in a timely manner
- Seeks senior help with the further management of acutely unwell patients both promptly and appropriately
- Summarises and communicates findings to colleagues succinctly
- Appropriately communicates with relatives/friends and offers support.

8.2 Responds to acutely abnormal physiology

Competences

- Formulates treatment plan in response to acutely abnormal physiology taking into account other co-morbidities and long-term conditions
- Administers and prescribes oxygen, fluids and antimicrobials as appropriate (see Good Clinical Care: Safe Prescribing and Infection Control)
- Identifies electrolyte imbalance and chooses a safe and effective method of correction
- Recognises when arterial blood gas sampling is indicated, identifies abnormal results, interprets results correctly and seeks senior advice
- Delivers a fluid challenge safely to an acutely ill patient, where appropriate
- Plans appropriate action to try to prevent deterioration in vital signs
- Reassesses ill patients appropriately after starting treatment
- Monitors efficacy of interventions
- Recognises the indicators for intensive care unit review when physiology abnormal.

8.3 Manages patients with impaired consciousness, including seizures

Competences

- Assesses conscious level (GCS or AVPU)

- Seeks corroborative history from witnesses in the case of episodes of impaired consciousness
- Treats ongoing seizures
- Recognises causes of impaired consciousness and seizures and seeks to correct them
- Recognises the potential for airway and respiratory compromise in the unconscious patient (including indications for intubation)
- Understands the importance of supportive management in impaired consciousness
- Seeks senior help for patients with impaired consciousness in an appropriate and timely way
- Recognises the need to refer to a regional neurological/neurosurgical centre for appropriate patients.

8.4 Manages pain

Competences

- Recognises importance of pain control
- Evaluates the cause and severity of pain (ideally using a verified pain score)
- Manages pain safely and effectively
- Prescribes analgesic drugs in a safe and timely manner
- Understands the common side effects of analgesic drugs and takes steps to minimise or prevent them
- Assesses the efficacy of analgesic interventions
- Communicates changes to analgesic prescriptions with other health carers in the community and hospital including acute pain and palliative care teams.

8.5 Manages sepsis

Competences

- Understands the seriousness of sepsis
- Understands and applies the principles of managing a patient with sepsis
- Involves the infection control team at an appropriate early stage
- Takes appropriate microbiological specimens in a timely fashion
- Follows local guidelines/protocols for antibiotic prescribing.

8.6 Manages acute mental disorder and self-harm

Competences

- Describes and recognises common presenting features of acute mental disorder including disturbance of behaviour, mood, thought/cognition, and perception
- Performs a mental state examination
- Recognises potential risks to patient and health care professionals
- Takes appropriate steps to protect the patient, dependants, self and colleagues from harm
- Considers underlying causes of severe mental disturbance including acute confusional states, psychosis and substance use/withdrawal, early signs of dementia
- Ensures appropriate screening for metabolic, medical and drug induced changes in mental state
- Understands and applies the principles of managing a patient with acute mental disorder and self-harm
- Understands the spectrum of therapeutic interventions for the management of the acutely disturbed patient, including restraint
- Recognises the need to seek help from appropriate health care professionals

- Understands the importance of liaising with community care and specialist teams to ensure seamless care between acute and long-term care providers
- Understands Accountability in multi-disciplinary and multi-agency mental health teams (2005).

9. Resuscitation and end of life care

9.1 Resuscitation

Competences

- Recognises and manages the critically ill and peri-arrest patients
- Takes an active role in a team providing immediate life support, advanced life support and basic paediatric life support (for doctors working with infants and children)
- Is trained:
 - to the standard of immediate life support (ILS or equivalent)
 - in advanced life support (ALS or equivalent)
 - in basic paediatric life support (for doctors working with infants and children)
 - in the use of a defibrillator
- Knows where resuscitation equipment is located.

9.2 End of life care and appropriate use of Do Not Attempt Resuscitation (DNAR) orders/advance decisions

Competences

- Understands the value of 'diagnosing dying'
- Prioritises symptom control as part of end of life care
- Understands where and how to access specialist palliative care services
- Demonstrates an awareness of Advanced Care Planning in end of life care and the times when it may be appropriate
- Discusses patients' needs and preferences regarding end of life care wherever possible
- Understands the ethics of transplantation and identifies potential donors to senior medical staff
- Discusses and plans for preferred place of death wherever possible
- Takes part in a multidisciplinary approach to end of life of life care utilising tools such as the Liverpool Care Pathway
- Understands the importance of adequate discussion and documentation of DNAR orders
- Describes the criteria for issuing DNAR orders and the level of experience needed to issue them
- Discusses DNARs with the multidisciplinary team, the patient, long-term carers (both medical and non-medical) and relatives
- Understands the accountability of the responsible clinician when a DNAR decision is made
- Understands the role of the individual and the family in the communication of DNAR orders
- Recognises actual and potential conflicts between patients and their relatives
- Recognises and acts appropriately when DNAR decisions are challenged/conflicts arise between interested parties
- Facilitates the regular review of DNAR decisions.

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Long-term including the role of the multi disciplinary team

[For reference: Foundation Programme Curriculum 2012](#)

10. Patients with long-term conditions

10.1 Manages patients with long-term conditions

Competences

- Reviews acute presentation in context of long-term disease progression and symptom control
- Recognises new complications of long-term illness(es)
- Anticipates when management of a long-term problem may impact on treatment of an acute problem and vice versa e.g. drug interactions, fluid balance
- Listens to patients and respects their views about their treatment
- Demonstrates the knowledge and skills to care for patients with long-term diseases during their in-patient stay
- Reviews long-term drug regime and considers modifying treatment
- Recognises the interplay between long-term physical illness, psychological factors and mental disorder, and the implications for both management and outcomes
- Recognises co-morbidity and its effects on in-patient and community care
- Explains the impact of current condition on pre-existing long-term conditions and co-morbidity to patients, carers and colleagues
- Understands the role of other healthcare professionals in the management of long-term diseases
- Recognises the need for physiotherapy and occupational therapy for inpatients with long-term mobility problems
- Understands how the home and work environment impacts on patients' long-term conditions, including the implications of unemployment.

10.2 Supporting patient decision making

Competences

- Recognises and promotes self care for patients where appropriate
- Arranges support when it is necessary, notably when an acute problem is superimposed on a long-term illness
- Promotes and encourages involvement of patients in appropriate support networks, both to receive support and give support to others
- Recommends agencies who can provide advice/information on both medical and nonmedical issues
- Understands criteria for specialist rehabilitation, care home placement and respite care and arranges appropriate assessment.

10.3 Nutrition

Competences

- Recognises nutritional disorders are common in patients with long-term conditions
- Performs basic nutritional screen and recognises patients with potential for nutritional deficiencies and considers this in planning care
- Formulates a plan for investigation and management of weight loss or weight gain
- Demonstrates the knowledge, skills, attitudes and behaviours to assess patients' basic nutritional requirements
- Recognises major nutritional abnormalities and eating disorders and establishes a management plan, where relevant with other healthcare professional input

- Works with other healthcare professionals in addressing nutritional needs and communicating these during care planning
- Makes nutritional care part of daily practice
- Considers the additional effects of long-term ill-health on nutritional status and the effect of poor nutrition on long-term health.

10.4 Discharge planning

Competences

- Starts planning discharge from the time of admission, including early referral to the appropriate members of the multidisciplinary team
- Considers long-term conditions in the discharge process of patients
- Takes an active part in discharge planning meetings
- Recognises the potential impact of long-term conditions on patients, family and friends
- Understands the impact on the activities of daily living on long-term conditions e.g. epilepsy and communicates these to the patients and carers
- Understands the family dynamics and socio-economic factors influencing success of discharge
- Liaises and communicates with patient, family and carers and primary care teams
- Leads discharge planning and communications with primary care and other agencies, for example the Citizens Advice Bureau, and is aware of the needs of carers
- Ensures that the necessary environmental adaptations and care plans are in place before discharge
- Arranges secondary care (or primary care) follow-up when appropriate.

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Symptom relief and end of life

[For reference: Foundation Programme Curriculum 2012](#)

9.2 End of life care and appropriate use of Do Not Attempt Resuscitation (DNAR) orders/ advance decisions

Competences

- Understands the value of 'diagnosing dying'
- Prioritises symptom control as part of end of life care
- Understands where and how to access specialist palliative care services
- Demonstrates an awareness of Advanced Care Planning in end of life care and the times when it may be appropriate
- Discusses patients' needs and preferences regarding end of life care wherever possible
- Understands the ethics of transplantation and identifies potential donors to senior medical staff
- Discusses and plans for preferred place of death wherever possible
- Takes part in a multidisciplinary approach to end of life of life care utilising tools such as the Liverpool Care Pathway
- Understands the importance of adequate discussion and documentation of DNAR orders
- Describes the criteria for issuing DNAR orders and the level of experience needed to issue them
- Discusses DNARs with the multidisciplinary team, the patient, long-term carers (both medical and non-medical) and relatives
- Understands the accountability of the responsible clinician when a DNAR decision is made
- Understands the role of the individual and the family in the communication of DNAR orders
- Recognises actual and potential conflicts between patients and their relatives
- Recognises and acts appropriately when DNAR decisions are challenged/conflicts arise between interested parties
- Facilitates the regular review of DNAR decisions.

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Good practice in management including advice, prescribing, devices and adherence to guidelines

[For reference: Foundation Programme Curriculum 2012](#)

7.6 Safe prescribing

Competences

- Takes an accurate drug history, including self-medication, use of herbal products and enquiry about allergic and other adverse reactions
- Discusses drug treatment and administration, including unwanted effects and interactions, with patients and, when appropriate, carers, using aids such as patient information leaflets
- Prescribes drugs and treatments appropriately, clearly and unambiguously in accordance with Good Practice in prescribing medicines (GMC, 2008) (for an F1 in hospital and for F2 for community, including on FP10)
- Understands and applies the principles of safe prescribing for different patient groups including children, women of child-bearing potential, pregnant women
- Considers the effect of hepato-renal dysfunction on pharmacokinetics
- Recognises the potential hazards related to different routes of drug administration (e.g. oral, intramuscular, intravenous, intrathecal)
- Understands the limitations of F1 doctors prescribing and transcribing prescriptions for cytotoxic drugs
- Uses the British National Formulary (BNF) (and BNF for Children where appropriate), plus pharmacy and computer-based prescribing-decision support to access information about drug treatments, including drug interactions
- Performs dosage calculations accurately and verifies that the dose calculated is of the right order
- Works closely with pharmacists and more experienced prescribers to ensure accurate, safe and effective error-free prescribing, whilst recognising that the legal responsibility remains with the prescriber
- Transfers previous prescriptions accurately and appropriately when patients move between different areas
- Chooses appropriate intravenous fluids as vehicles for intravenous drugs and calculates the correct volume and flow rate
- Monitors therapeutic effects and adjusts treatments and dosages appropriately
- Recognises and initiates action for common adverse effects of drugs and communicates these to patients, including potential effects on work and driving
- Prescribes oxygen appropriately including to patients with the risk of carbon dioxide retention
- Prescribes controlled drugs within appropriate legal framework in hospital and understands the management and prescribing of controlled drugs in the community
- Understands the importance of security issues in respect of prescriptions
- Notifies regulatory agencies of reportable adverse drug reactions to medicines and blood products
- Demonstrates awareness of, and follows guidelines on, safe use of blood and blood products, including awareness of religious/cultural beliefs
- Prescribes blood products appropriately and recognises transfusion reactions
- Seeks evidence about appropriateness and effectiveness of therapies in making prescribing decisions, including evidence which may be available in National Institute for Health and Clinical Excellence (NICE), Scottish Intercollegiate Guidelines Network (SIGN) and local guidelines

- Understands the importance of summaries of product characteristics and implications of off-label and unlicensed use of medicinal products
- Understands and is aware of critical medication which needs to be administered urgently as per National Patient Safety Agency (NPSA) guidelines
- Relates prescribing activity to available prescribing guidelines/audit data e.g. antibiotic usage
- Follows the guidance in Good Medical Practice in relation to self-prescribing and prescribing for friends and family
- Completes local prescribing learning as required
- Anticipates, prevents and manages adverse drug and transfusion reactions, and understands how and when to report suspected adverse reactions to the Medicines and Healthcare product Regulatory Agency (MHRA)
- Deals with complex situations including drug contra-indications
- Is able to work productively with hospital and community pharmacists in managing medicines
- Seeks appropriate advice with prescribing including medication for discharge.

7.6 Safe use of medical devices

Competences

- Demonstrates an ability when necessary to set up and use appropriate medical devices safely e.g. for monitoring blood pressure, pulse and oxygen saturation, external defibrillator, electrocardiogram, glucometer, infusion of fluids etc. (NB this excludes implantable devices)
- Understands and shows a familiarity with IT systems including local computing systems e.g. results servers, PACS and image review systems, electronic request/order systems, electronic patient record systems
- Knows where relevant equipment is located
- Understands the importance of reporting device related adverse incidents to the MHRA.

7.7 Infection control and hygiene

Competences

Personal

- Demonstrates correct techniques for hand hygiene with hand gel and with soap and water
- Consistently uses hand hygiene between patient contacts in clinical settings
- Challenges others who are not observing best practice in infection control
- Uses personal protective equipment (gloves, masks, eye protection etc.) appropriately
- Follows aseptic technique
- Adheres to policy regarding the disposal of sharps and clinical waste
- Involves the infection control team at an appropriate early stage
- Takes appropriate microbiological specimens in a timely fashion
- Is alert to sequences of bacteriological findings from different patients suggesting cross infection
- Follows local guidelines/protocols for antibiotic prescribing.

Organisational

- Demonstrates the knowledge, skills, attitudes and behaviours to reduce the risk of cross-infection and healthcare-associated infections

- Describes the negative impact of hospital acquired infection on a disease course e.g. delayed discharge, increased morbidity and mortality
- Understands the particular risks of infectious diseases for those with chronic disease who are in institutional care
- Describes the concept of outbreak management within healthcare settings e.g. diarrhoea on a ward
- Informs the competent authority of notifiable diseases.

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Health promotion including risk factors, public health and epidemiology

[For reference: Foundation Programme Curriculum 2012](#)

10.5 Health promotion, patient education and public health

Competences

- Demonstrates awareness of the importance of lifestyle on long-term illness and on the presentation and course of an individual patient episode
- Demonstrates the ability to educate colleagues and medical students on the impact of lifestyle and long-term illness on all aspects of a patient's journey through a disease episode
- Advises patients on correct use of medicines, including how to recognise emergence of serious adverse effects
- Identifies potential 'ready to quit' smokers
- Advises on smoking cessation and supportive measures
- Advises appropriate drinking levels or drinking cessation
- Describes the implications of the wider determinants of health including:
 - biohazards
 - UV radiation especially the harmful effects of sunlight
 - lack of exercise
 - weight management
 - employment
 - smoking
 - alcohol intake
- Advises appropriate:
 - vaccination programmes, including those for children
 - cancer screening e.g. breast, cervical, bowel
 - well man/women clinics
- Describes the impact of inequality and deprivation on the health of patients and populations
- Recognises the impact of chronic disability on patients during an acute illness or injury.

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Finds and interprets evidence relating to clinical questions; appraises recent research; understands basic statistical concepts

[For reference: Foundation Programme Curriculum 2012](#)

6.2 Evidence, guidelines, care protocols and research

Competences

- Supports patients in interpreting evidence including understanding the evidence in the context of any underlying long-term condition the patient may have
- Appraises recent research, and discusses findings with colleagues to advocate specific action

- Recognises the limitations of guidelines and care pathways in certain circumstances.

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Keeping accurate, clear, legible and contemporaneous records including legal documents

[For reference: Foundation Programme Curriculum 2012](#)

7.9 Medical record-keeping and correspondence

Competences

- Routinely and regularly records information in compliance with the *Clinician's Guide to Record Standards* (AoMRC, 2008) including:
 - comprehensive, accurate, logical medical records and pertinent accounts of history, examination, investigations, management decisions and progress
 - information given to patients/relatives/carers, details of discussion with patients, and patients' views on investigative and therapeutic options, in accordance with *Consent: patients and doctors making decisions together* (2008)
 - a summary of professional telephone communications and telephone consultations with patients/carers
- ensures all records are timed, dated and clearly attributable including GMC number
- Demonstrates record keeping and intra/internet access skills to other doctors/students
- Describes the medico-legal importance of good record keeping
- Uses information systems and processes in supporting the effective management of clinical care pathways
- Structures letters clearly to communicate the details of long-term conditions and the findings and outcomes of acute episodes so that they can be read and understood by other professionals and patients
- Ensures that letters and discharge summaries are written and sent out in a timely and efficient manner.

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Patient safety/ Quality assurance and safety improvement including adverse events, complaints and audit

[For reference: Foundation Programme Curriculum 2012](#)

3.2 Quality and safety improvement

Competences

General

- Understands that clinical governance is the over-arching framework that unites a range of quality improvement activities to safeguard standards and facilitate improvements in clinical services
- Understands the principles of quality and safety improvement in healthcare
- Reflects on care plans used to improve patient safety
- Discusses safety issues in the framework of case based discussions
- Demonstrates awareness of local major incident planning and their potential role in any such incident
- Critically analyses clinical guidelines and care bundles
- Recognises the benefits and limitations of guidelines and care pathways.

Quality Improvement

- Understands and takes part in systems of quality assurance and clinical improvement in clinical work and training
- Performs a quality improvement project and is able to understand the quality improvement process
- Contributes to discussions on improving clinical practice
- Describes opportunities for improving the reliability of care following audit, adverse events or 'near misses'
- Describes root-cause analysis
- Demonstrates understanding of the importance of reporting, discussing, and learning from all incidents and concerns related to patient safety
- Contributes to discussions on improving clinical practice.

Audit Cycle

- Describes the audit cycle and recognises how it relates to the improvement of clinical care
- Participates in a trust or directorate audit/clinical governance meeting
- Makes audit links explicitly to learning/professional development portfolios
- Recognises the features of an effective audit that makes real changes in practice
- Reflects on an audit or Health Improvement Project related to a patient safety issue.

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Communication with patients (consulting skills, advising, explaining)

To adopt a person-centred approach in dealing with patients and their problems, in the context of patients' circumstances, and involving patients in management/ Consideration to those close to the patient

[For reference: Foundation Programme Curriculum 2012](#)

2. Relationship and communication with patients

2.1 Treats the patient as the centre of care within a consultation

Competences

- Considers the patient as a whole, respecting their individual needs, dignity and right to privacy, autonomy and confidentiality
- Discusses management options with patients
- Recognises patients' expertise about their care
- Respects patients' views and encourages patients with knowledge of their condition to make appropriately informed decisions about their care
- Demonstrates understanding to the whole clinical team that respect of patients views and wishes is central to the provision of high quality care
- Considers care pathways and the process of care from patients' perspectives
- Respects patients' right to refuse treatment or take part in research
- Recognises and responds to patients' ideas, concerns and expectations
- Deals appropriately with angry or dissatisfied patients.

2.2 Communication with patients

Competences

- Ensures sufficient time and appropriate environment for communication
- Listens actively and enables patients to express concerns and preferences, ask questions and make personal choices
- Recognises that patients may have unspoken concerns and communicates in an empathic manner to elicit and address these
- Responds to patients' queries or concerns
- Seeks advice promptly when unable to answer patients' queries or concerns
- Explains options clearly and checks patients' understanding
- Provides or recommends relevant written/on-line information appropriate for individual patient's needs
- Documents communications with patients in their records
- Teaches communication skills to students and colleagues.

2.3 Communication in difficult circumstances

Competences

- Demonstrates involvement with others in the team when breaking bad news
- Considers any acute or chronic mental or physical condition that may have an impact on communication understanding
- Considers patients' personal factors including relevant home and work circumstances
- Ensures sufficient time and a suitable environment for discussions
- Deals appropriately with distressed patients/carers and seeks assistance as appropriate

- Demonstrates the ability to communicate when English is not a patient's first language, including the appropriate use of an interpreter
- Manages three-way consultations e.g. with an interpreter or with a child patient and their family/carers
- Understands how the communication might vary when the patient or carer has learning or communication difficulties themselves e.g. deafness
- Deals appropriately with angry or dissatisfied patients, trying to calm the situation and seeking assistance as appropriate.

2.4 Complaints

Competences

- If involved in a complaint, deals with it under guidance including:
 - Ensuring appropriate arrangements for patient care
 - Communicating with other staff and patients where appropriate
 - Demonstrating appropriate learning from episode
 - Obtaining appropriate mentoring advice and counselling
- Identifies or describes a potential complaint and the role of the multidisciplinary team in methods of resolution
- Understands and addresses common reactions of patients, family and clinical staff when a treatment has been unsuccessful or when there has been a clinical error
- Seeks to remedy patients' or relatives' concerns with help from senior colleagues and/or other members of the multidisciplinary team
- Understands that complaints do not necessarily imply blame and is open to discussion of the issues concerned
- Demonstrates understanding of the local complaints process and its value in learning for both the individual and the organisation
- Consults with other members of the team on factual information/explanations of error to ensure that the patient is given a single clear picture of causation of fault rather than suggestions or probabilities
- Follows an untoward incident or complaint through the trust/LEP process.

2.5 Consent

Competences

- Practises in accordance with Consent: patients and doctors making decisions together (GMC, 2008) and does not take consent when contrary to GMC guidance
- Describes the principles of valid consent and obtains valid consent after appropriate training
- Gives each patient the information they 'want' or 'need' in a way they can understand in order to obtain valid consent
- Provides or recommends relevant written/on-line information appropriate for patients' needs
- Listens to patient concerns and answers their questions regarding treatment
- Considers any acute or chronic mental or physical condition that may have an impact on the consent process both in terms of understanding and influence on outcomes of the procedure
- Understands how to undertake a capacity assessment and does so where appropriate
- In patients who lack capacity understands and applies the principle of 'best interests'

- Ensures that the patient with capacity understands and retains information long enough to make a decision.

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Teamwork (including delegation and supervision)

[For reference: Foundation Programme Curriculum 2012](#)

1.2 Time management

Competences

- Is punctual for all duties, including handovers, clinical commitments and teaching sessions
- Integrates supervised learning events (SLEs) and other learning responsibilities into the weekly programme of work
- Keeps a list of allocated tasks and ensures that all are completed
- Organises and prioritises workload regularly and appropriately
- Delegates or calls for help in a timely fashion when falling behind
- Demonstrates the ability to adjust decision-making in situations where staffing levels and support are reduced e.g. out of hours
- Supervises others to ensure appropriate prioritisation and delivery of care.

1.3 Continuity of Care

Competences

- Monitors clinical evolution and treatment plan for patients under their care
- Summarises accurately and documents the main points of patients' diagnoses, active and potential problems, and management plans
- Ensures satisfactory completion of tasks at the end of the shift/day with appropriate reflection on performance
- Recognises that handover of care is central to patient safety
- Ensures safe continuing care of patients by handover to on-call staff
- Identifies potential problems and required actions and ensures that these are highlighted clearly in handover to colleagues
- At handovers accepts directions and allocation of tasks from seniors
- Makes adequate arrangements for cover e.g. handing over bleep during educational sessions.

1.4 Team-working

Competences

- Integrates and interacts appropriately with their clinical team
- Contributes to multidisciplinary team (MDT) meetings
- Encourages open and appropriately directed communication within teams
- Demonstrates clear and effective communication within the healthcare team
- Cross-checks instructions and actions with colleagues e.g. medicines to be injected
- Accepts appropriate directions and allocation of tasks
- Demonstrates awareness of work pressures on others and willingness to support other staff and help reorganise workloads as necessary.

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Educating healthcare professionals and students
Apply the skills, attitudes and practice of a teacher/trainer
[For reference: Foundation Programme Curriculum 2012](#)

5. Teaching and training

Competences

- Recognises that doctors have a role as teachers as described in Good Medical Practice
- Teaches, supports and gives feedback to medical students and other members of the multidisciplinary team (MDT) where appropriate
- Understands the role and value of supervised learning events including 'developing the clinical teacher'
- Demonstrates appropriate preparation for teaching/presentations at meetings
- Acts as a role model for other doctors and healthcare workers
- Contributes to the appraisal, assessment or review of students and other colleagues
- Draws on teaching and learning skills when working in partnership with patients
- Encourages an open, blame free working environment where it is easy for students and F1 doctors to be honest about mistakes and errors and understand how important it is to learn from these.

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Supervision, mentoring and supporting

[For reference: Foundation Programme Curriculum 2012](#)

1.5 Leadership

Competences

- Shows leadership skills where appropriate and at the same time works effectively with others towards a common goal

- Understands:

- organisational structures

- chains of responsibility including principles of line management in medical and nonmedical staff

the importance of leadership (Medical Leadership Competency Framework (2009) and Guidance for Undergraduate Medical Education - Integrating the Medical Leadership Competency Framework (2010)).

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Dealing with conflict

[For reference: Foundation Programme Curriculum 2012](#)

2.3 Communication in difficult circumstances

Competences

- Demonstrates involvement with others in the team when breaking bad news
- Considers any acute or chronic mental or physical condition that may have an impact on communication understanding
- Considers patients' personal factors including relevant home and work circumstances
- Ensures sufficient time and a suitable environment for discussions
- Deals appropriately with distressed patients/carers and seeks assistance as appropriate
- Demonstrates the ability to communicate when English is not a patient's first language, including the appropriate use of an interpreter
- Manages three-way consultations e.g. with an interpreter or with a child patient and their family/carers
- Understands how the communication might vary when the patient or carer has learning or communication difficulties themselves e.g. deafness
- Deals appropriately with angry or dissatisfied patients, trying to calm the situation and seeking assistance as appropriate.

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Dealing with complaints

[For reference: Foundation Programme Curriculum 2012](#)

2.4 Complaints

Competences

- If involved in a complaint, deals with it under guidance including:
 - Ensuring appropriate arrangements for patient care
 - Communicating with other staff and patients where appropriate
 - Demonstrating appropriate learning from episode
 - Obtaining appropriate mentoring advice and counselling
- Identifies or describes a potential complaint and the role of the multidisciplinary team in methods of resolution
- Understands and addresses common reactions of patients, family and clinical staff when a treatment has been unsuccessful or when there has been a clinical error
- Seeks to remedy patients' or relatives' concerns with help from senior colleagues and/or other members of the multidisciplinary team
- Understands that complaints do not necessarily imply blame and is open to discussion of the issues concerned
- Demonstrates understanding of the local complaints process and its value in learning for both the individual and the organisation
- Consults with other members of the team on factual information/explanations of error to ensure that the patient is given a single clear picture of causation of fault rather than suggestions or probabilities
- Follows an untoward incident or complaint through the trust/LEP process.

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Confidentiality

[For reference: Foundation Programme Curriculum 2012](#)

4. Ethical and legal issues

4.1 Medical ethical principles and confidentiality

Competences

- Describes and applies the principles of confidentiality (Confidentiality, (GMC, 2009)
- Maintains confidentiality and only shares clinical information, spoken or written, with appropriate individuals or groups where clinically relevant
- Complies with information governance standards of confidentiality and data protection
- Describes and demonstrates an understanding of the main principles of medical ethics, including autonomy, justice, beneficence, non-maleficence and confidentiality as they apply to medical practice, refer to Reporting criminal and regulatory proceedings within and outside the UK (GMC, 2008)
- Ensures privacy when discussing sensitive issues
- Uses and shares clinical information appropriately while respecting confidentiality
- Provides care and treatment in accordance with the principles of patients' best interests, autonomy and rights
- Completes the Statement for Fitness to work appropriately.

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Ethical and legal issues

[For reference: Foundation Programme Curriculum 2012](#)

4. Ethical and legal issues

4.1 Medical ethical principles and confidentiality

Competences

- Describes and applies the principles of confidentiality (Confidentiality, (GMC, 2009)
- Maintains confidentiality and only shares clinical information, spoken or written, with appropriate individuals or groups where clinically relevant
- Complies with information governance standards of confidentiality and data protection
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- Ensures privacy when discussing sensitive issues
- Uses and shares clinical information appropriately while respecting confidentiality
- Provides care and treatment in accordance with the principles of patients' best interests, autonomy and rights
- Completes the Statement for Fitness to work appropriately.

4.2 Legal framework of medical practice

Competences

- Demonstrates the knowledge and skills to cope with ethical and legal issues that occur during the management of patients with medical problems or mental illness
- Advises patients/acts on the legal implications of illness e.g. where this may affect ability to drive (Driver and Vehicle Licensing Agency 'For Medical Practitioners At A Glance Guide to the Current Medical Standards of Fitness to Drive') or employment
- Recognises the need for restraint of some patients with mental illness according to the appropriate legal framework
- Initiates restraining orders against some patients with mental illness according to the appropriate legal framework
- Discusses the risks of legal and disciplinary action if a doctor fails to achieve the necessary standards of practice and care
- Describes and applies the principles of child protection procedures
- Completes death certificates and liaises with the coroner/procurator fiscal
- Completes cremation forms appropriately
- Minimises risk of exposing a pregnant woman to radiation
- Discusses the implications of a living will or advance decision to refuse treatment.

4.3 Comprehension of relevance of outside bodies to professional life

Competences

- Understands that many local, national and international organisations and bodies (such as those listed below) are involved in NHS structure, the safe practice of medicine, the delivery of medical education and regulation of medical practice:
 - General Medical Council (GMC)
 - Royal Colleges and Faculties

- UK Foundation Programme Office (UKFPO)
- Postgraduate deaneries
- Foundation and postgraduate specialty schools
- Defence organisations
- British Medical Association (BMA)
- Medicines and Healthcare products Regulatory Agency (MHRA)
- National Institute for Health and Clinical Excellence (NICE)
- European Medicines Agency (EMA)
- Local authorities
- Voluntary organisations.
- Voluntary organisations.

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Abnormal blood film

Including:

Peripheral blood film (red cell, white cell and platelets)

Differential white cell count

Pancytopenia

Bone marrow failure

ESR

Hyperviscosity syndrome

Spleen and splenectomy

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Including haematological malignancies and myeloproliferative disorders

Haemolytic anaemia

Leukaemia

Myeloma

Paraproteinemia

Amyloidosis

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Bruising/ bleeding/ purpura

Including:

Intrinsic and extrinsic pathways (clotting)

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Any cause including

Bleeding disorder

Anticoagulants

Thrombophilia

Immunosuppressive drugs

Inherited bleeding disorders

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Anaemia of any cause

Iron deficiency anaemia

Refractory anaemia

Anaemia of chronic disease

Sideroblastic anaemia

Macrocytic anaemia (all causes)

Pernicious anaemia

Haemolytic anaemia

Sickle cell anaemia

Thalassaemia anaemia

Transfusion (safety & procedures)

(Myeloproliferative disorders)

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Any cause including

Cancer

Infection (abscess; puerperal mastitis)

Benign (fibro-adenoma; fibro-adenosis; fat necrosis; cysts)

Nipple (discharge; inversion; Paget's)

Request for reduction/augmentation

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Acute myocardial infarction, acute coronary syndrome and angina

Acute myocardial infarction (MI)

Acute coronary syndrome (ACS)

Angina pectoris

Electrocardiogram (ECG) – normal and abnormal

Investigations (cardiac catheterisation; echocardiography; nuclear cardiology; ECG: exercise/ ambulatory)

Complications of MI (arrhythmias; hypertension)

Atherosclerosis

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Arrhythmias of any cause

Bradycardia

Narrow complex tachycardia

Atrial fibrillation and flutter

Broad complex tachycardia

Pacemakers

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Heart failure including valvular heart disorder and rheumatic heart disease

Rheumatic fever

Mitral valve disease

Aortic valve disease

Right heart valve disease

Indications for cardiac surgery

Infective endocarditis

Diseases of heart muscle including myocarditis

Pericardial disease

Dyspnoea in heart failure

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Including heart, neural tube and musculoskeletal

Ventricular septal defect

Atrial septal defect

Patent ductus arteriosus

Aortic stenosis

Pulmonary stenosis

Coarctation of the aorta

Fallot's tetralogy

Transposition of the great arteries

Tricuspid atresia

Total anomalous pulmonary venous return

Persistent truncus arteriosus

Hypoplastic left heart

Pulmonary atresia

Ebstein's anomaly

Polycystic kidneys

Congenital adrenal hyperplasia

Chromosomal abnormalities (including Turner's; Down's; Tay Sachs')

Inherited conditions (cystic fibrosis; PKU)

Acquired conditions (including caused by drugs/alcohol)

Neural tube defects (including spina bifida)

Developmental abnormalities of the musculoskeletal system (including talipes)

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Physical

Endocrine problems/ Metabolic disorders

Malabsorption (see also under **Digestive**)

Inadequate diet

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Psychological and social

Non-accidental injury

Sexual abuse

Emotional deprivation

Bullying

Manifestations of neglect

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Including acute abdomen any cause

Perforation

Obstruction

Ischaemia

Aneurysm (see also under **Cardiovascular**/ Peripheral arterial disease)

Inflammatory conditions (including diverticulitis; appendicitis, pancreatitis)

Colic: ureteric (see also under **Renal**), Biliary/ gallbladder (see also under Jaundice)

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Any cause including

Cancer

Metabolic causes including diabetes (see under Endocrine/ Abnormal blood sugar);
thyroid (see under **Endocrine**/ Thyroid abnormalities)

Malabsorption

Physical causes of anorexia

Psychological causes of anorexia (see also under **Mental health**/ Eating problems)

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Including oral disease and toothache

Cancer

Sinusitis

Salivary glands

Teeth

Oral cavity

Lymph nodes (see also under **Blood and lymph**)

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Including biliary tract problems

Pre-hepatic (including haemolysis)

Hepatic (including drug-induced)

Post-hepatic (including biliary obstruction)

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Including faecal incontinence

Spurious diarrhoea and encopresis

Any cause including

Cancer

Ulceration

Bleeding

Abnormal anatomy (fissures, piles, prolapse)

Masses (including polyps)

Altered bowel habit (constipation, diarrhoea)

Rectal pain

Pruritis ani

Inflammation (including IBD)

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Including nausea and vomiting

Infections (including food poisoning, UTI, gastroenteritis)

Pyloric stenosis (see also under **Developmental**)

Drug-induced

Raised intracranial pressure

Pregnancy (see also under **Reproductive**)

Constipation

Any cause including

Cancer

Ulceration

GORD

Bleeding

Dysphagia (including tumours; benign; neurological causes; congenital; acquired)

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Nutrition

[For reference: Foundation Programme Curriculum 2012](#)

10.3 Nutrition

Competences

- Recognises nutritional disorders are common in patients with long-term conditions
- Performs basic nutritional screen and recognises patients with potential for nutritional deficiencies and considers this in planning care
- Formulates a plan for investigation and management of weight loss or weight gain
- Demonstrates the knowledge, skills, attitudes and behaviours to assess patients' basic nutritional requirements
- Recognises major nutritional abnormalities and eating disorders and establishes a management plan, where relevant with other healthcare professional input
- Works with other healthcare professionals in addressing nutritional needs and communicating these during care planning
- Makes nutritional care part of daily practice
- Considers the additional effects of long-term ill-health on nutritional status and the effect of poor nutrition on long-term health.

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Diabetes mellitus

Type 1 diabetes

Type 2 diabetes

Complications (including diabetic retinopathy; neuropathy; arterial disease)

Diabetic foot care

Hypoglycaemia/ hyperglycaemia

Patient with diabetes undergoing surgery

Diabetes in pregnancy (see also under **Reproductive**)

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General endocrine disorder

Hyperparathyroidism

Hypoparathyroidism

Multiple endocrine neoplasia (MEN 1 and MEN 2)

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Including pituitary, adrenal

Adrenal

Adrenal gland

Addisonian crisis

Addison's disease

Hyperaldosteronism

Phaeochromocytoma

Virilism

Gynaecomastia (see under **Breast**)

Impotence (see under **Reproductive**/ Fertility problems)

Cushing's syndrome

Pituitary gland

Hypopituitarism

Pituitary tumours

Hyperprolactinaemia; hypoprolactinaemia

Acromegaly

Diabetes insipidus

Hypopituitary coma

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Thyroid abnormalities

Cancer

Hyperthyroidism

Thyroid eye disease

Hypothyroidism

Thyroid disease in pregnancy (see also under **Reproductive/** Problems in pregnancy)

Goitre; nodules

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Hyper/hypothyroidism and goitre

Hyperthyroidism; hypothyroidism

Goitre; nodules

Cancer

Thyroid eye disease

Thyroid emergency

Thyroid disease in pregnancy (see also under **Reproductive/** Problems in pregnancy)

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Any cause including

Cancer

Infection

Eustachian tube dysfunction

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Any cause including

Foreign body (including wax)

Conductive and nerve deafness

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Any cause including

Cancer

Infection (including epiglottitis)

Voice misuse (including nodules)

Nerve injury (including palsies)

Stridor (see also under **Thyroid abnormalities/** Goitre)

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Including rhinorrhoea and epistaxis

Cancer

Bleeding

Nasal obstruction (including polyps; allergic rhinitis)

Infections

Trauma (including fractures)

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Any cause including

Ménière's disease

Labyrinthitis

Cancer

Cerebellar lesions (see also under **Neurological**)

Benign positional

Toxins (including alcohol)

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Any cause including

Cancer

Sinusitis (see also under **ENT**)

Glaucoma

Migraine (see also under **Neurological**/ Headache

Foreign body

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Any cause including eyelid disorders

Cancer

Infection (including cellulitis; blepharitis)

Thyroid disease (see under Endocrine)

Cysts: congenital and acquired

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Including infections, inflammatory and trauma

Conjunctivitis

Iritis

Trauma (including foreign body)

Scleritis/ episcleritis

Glaucoma

Subconjunctival haemorrhage

Polycythaemia

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Gradual or sudden, including cataracts

Tumours (including pituitary)

Arterial and venous

Lens (including cataract; dislocation)

Degenerative

Hereditary

Systemic conditions: including connective tissue; diabetes (see also under **Endocrine**)

Drug-induced

Infections

Detached retina

Vitreous haemorrhage (including floaters)

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Any cause including

Infection (including STI)

Cancer

Foreign body

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Any cause including

Pruritis vulvae

Normal physiological

Cancer

Infection (including STI)

Foreign body

Child sexual abuse (see also under **Child health**)

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Electrolyte abnormalities

Sodium, potassium, glucose, calcium

SIADH

Magnesium

Zinc

Selenium

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pH abnormalities

Acidosis

Alkalosis either metabolic or respiratory

Metabolic and respiratory acidosis or alkalosis

Kidney function (tubular dysfunction, low GFR, chronic renal failure)

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Any cause including excessive thirst and dehydration

Fluid compartments including osmolarity and osmolality

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Including infection control, MRSA, C diff

[For reference: Foundation Programme Curriculum 2012](#)

8.5 Manages sepsis

Competences

- Understands the seriousness of sepsis
- Understands and applies the principles of managing a patient with sepsis
- Involves the infection control team at an appropriate early stage
- Takes appropriate microbiological specimens in a timely fashion
- Follows local guidelines/protocols for antibiotic prescribing.

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Any cause including

Malaria

Bilharzia

Dengue fever

Lyme disease

Toxoplasma

Rabies

Yellow fever

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Any cause including

Exanthemata

Mumps

Measles

Rubella

Herpes simplex

Herpes zoster

Viral meningitis

Influenza

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Including co-morbidity and withdrawal

Substitution therapy

Acute intoxication

Harmful use

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Including generalised anxiety disorder, phobias and OCD

Panic attack

Obsessive compulsive disorder

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Overdose, poisoning and other self-harm

Suicidal risk

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Any cause including

Intellectual disability

Acquired brain injury

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Any cause including

Depressive disorders

Bipolar disorders

Suicidal risk

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Including habit disorders and personality disorders

Emotionally unstable personality disorder

Antisocial personality disorder

Pathological gambling

Pyromania

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Schizophrenia and other psychotic disorders

Schizoaffective disorder

Delusional disorders

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All causes including joint pain of any cause

Rheumatoid

Osteoarthritis

Psoriatic

Lupus

Polymyalgia rheumatica

Gout

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Any cause including

Disorders of calcium homeostasis (osteoporosis, osteomalacia, Paget's)

Infections

Tumours (benign, malignant, secondaries)

Fractures of long bones

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Loss of consciousness of any cause

Vasovagal syncope

Cough syncope

Effort syncope

Micturition syncope

Carotid sinus syncope

Epilepsy

Stokes Adams attacks

Hypoglycaemia

Orthostatic hypotension

Drop attacks

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Any cause including visual field defects

Multiple sclerosis (MS)

Space occupying lesions

Bell's palsy

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Falls

Complications including subdural, extradural

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Any cause including environmental

Dizziness

Vertigo (benign positional vertigo)

Ménière's disease

Ototoxicity

Vestibular nerve problems (Acoustic neuroma, vestibular neuronitis, herpes zoster, brain stem)

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Any cause including raised intracranial pressure

Migraine

Cluster headache

Glaucoma

Giant cell arteritis

Tension headache

Raised intracranial pressure

Medication misuse

Meningitis

Encephalitis

Subarachnoid haemorrhage

Sinusitis

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Abnormalities of the motor nervous system

Chorea

Athetosis

Hemiballismus

Tics, myoclonus, dystonia and tardive dyskinesia

Parkinson's disease

Parkinsonism

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Peripheral nerve problems and abnormalities of sensation

Testing peripheral nerves

Dermatomes

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Including neuropathies of any cause

Autonomic neuropathy

Mononeuropathy's

Polyneuropathy's

Bulbar palsy

MND

Cervical spondylosis

Neurofibromatosis

Syringomyelia

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Weakness and fatigue

Cerebral artery territories

Upper motor neurone vs lower motor neurone

Muscle weakness grading

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TIA, stroke, cerebral palsy, muscular dystrophy, nerve entrapments

Cord compression

Transverse myelitis

Carcinomatosis

Meningitis

Guillain-Barre

Cord infarction

Spinal artery thrombosis

Trauma

Dissecting aortic aneurism

Cauda equina lesions

Management of paralysed patient

Leg weakness (spastic paraparesis, flaccid paraparesis, unilateral foot drop, weak legs with no sensory loss, absent knee jerks and extensor plantars)

Recognition of different gait disorders

Stroke (mimics, risk factors, site of lesion, investigation management and treatment, rehabilitation, TIA, SAH)

Myopathy

Myasthenia gravis

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Abnormalities of the urine

Blood, protein, pH, volumes

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Including haematuria and proteinuria

Renal calculi

Renal tract obstruction

Retroperitoneal fibrosis

Glomerulonephritis

Nephrotic syndrome

Renal vein thrombosis

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Renal problems

Urinary tract imaging

Renal biopsy

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Including chronic kidney disease

Acute renal failure

Chronic renal failure, renal replacement therapy, renal transplantation

Interstitial nephritis

Nephrotoxins

Renal vascular disease

Renal tubular disease

Inherited kidney diseases

Renal manifestations of systemic disease

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Any cause including

Pyelonephritis

Acute and chronic urinary tract infection (UTI)

Frequency

Incontinence

Enuresis

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Any method including

Oral contraceptive pill

Intrauterine contraceptive devices (IUCDs)

Implants

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Including prenatal diagnosis

Role of folic acid

Risks to fetus including smoking, alcohol, food issues

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Any cause including

Including antepartum haemorrhage, postpartum haemorrhage and miscarriage

Ectopic pregnancy

Pre-eclampsia, eclampsia and hyperemesis

Thyroid disease in pregnancy

Epilepsy

Anticoagulation

Prematurity

Low birth weight

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Any cause including

Dysfunctional uterine bleeding

Hormonal

Menarche

Menopause

Cervical problems

Uterine problems

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Any cause including

Cancer

Fibroids

PCO

Ovarian or tubal mass

Cysts

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Any cause including

Endometriosis

PID

Dyspareunia

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Breathlessness
Pulmonary fibrosis

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Any infection, inflammation, including COPD, asthma, occupational lung disease, sleep apnoea and cyanosis

Respiratory system examination, age related changes, chest x-ray

Pneumonia including CURB 65

Chronic obstructive pulmonary disease (COPD), acute respiratory distress syndrome

Respiratory failure

Pulmonary embolus

Pneumothorax

Pleural effusion

Extrinsic allergic alveolitis

Cryptogenic fibrosing alveolitis

Industrial dust diseases

Obstructive sleep apnoea

Cor pulmonale

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Including any pleuritic cause

Mesothelioma

Pneumothorax

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Cough and haemoptysis

Bronchiectasis

Cystic fibrosis

Fungi

Lung cancer

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Any cause including pulmonary embolism, tumours and upper respiratory tract problems

Sarcoidosis

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Any cause including

Asthma – acute and chronic

Bronchodilators and steroids

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Collapse

Subdural, extradural, intracerebral haemorrhage including subarachnoid haemorrhage (SAH)

Hypertensive encephalopathy

Epilepsy

Addisonian crisis

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Any cause including anaphylaxis and coma

Drug poisoning
Hypoglycaemia
Hyperglycaemia
Hypoxia
Hypothermia
Encephalopathy

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Including pyrexia of unknown origin, septicaemia, meningitis and neutropaenic sepsis

Bacterial viral meningitis

Pneumonia

Acute severe asthma

PE

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Shock

Paracetamol overdose

Salicylate overdose

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Any cause including blood loss

Acute myocardial infarction (MI)

Intra abdominal blood loss

Massive pulmonary embolus

Burns

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Including infestations

Insect

Fish

Scorpion

Snake

Dog/cat bites

Human bite

Scabies

Lice

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Any cause including

Pemphigus

Pemphigoid

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Any cause including

Endocrine

Cancer

Connective tissue

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Any cause including

Excess hair

Hair loss

Nail changes in systemic diseases

Psoriasis

Fungal infections of nails

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Any cause including

Nodular lesions

Skin tumour

BCC

Ganglion

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Any cause including

Benign

Vitiligo

Malignant including melanoma

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Any cause including

Arterial

Venous

Neuropathic

Malignant

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Any cause including

Torsion of testis

Hernias

Hydrocele

Tumour

Orchitis

Infection

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Any cause including

Calculus

Tumours (benign and malignant)

Strictures

Bladder neck obstruction

Enuresis

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